

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

36491 7590 06/29/2004
KUNZLER & ASSOCIATES
8 EAST BROADWAY
SALT LAKE CITY, UT 84111



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/040,061	01/04/2002	Tsann Lin	SJO920000145US1	9391

TITLE OF INVENTION: SPIN-VALVE SENSOR WITH PINNING LAYERS COMPRISING MULTIPLE ANTIFERROMAGNETIC FILMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BERNATZ, KEVIN M	1773	428-637000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Kunzler & Associates
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business
Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, New York 10504

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 1

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0466 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) [Signature] (Date) 9/3/04

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09/16/2004 RFEKADU2 00000100 090466 10040061

01 FC:1501 1330.00 DA
02 FC:1504 300.00 DA
03 FC:8001 3.00 DA

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



PATENT
Docket No. SJO920000145US1

**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**

APPLICANT(S): TSANN LIN, ET AL.
SERIAL No.: 10/040,061
FILING DATE: JANUARY 4, 2002
TITLE: SPIN-VALVE SENSOR WITH PINNING LAYERS COMPRISING MULTIPLE
ANTIFERROMAGNETIC FILMS
EXAMINER: KEVIN M. BERNATZ
GROUP ART UNIT: 1773
ATTY. DKT. No.: SJO920000145US1

MAIL STOP ISSUE FEE
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P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

**TRANSMITTAL OF THE
PAYMENT OF ISSUE FEE**

Sir:

The enclosed Payment of the Issue Fee Due is submitted herewith pursuant to 37 C.F.R. § 1.67 and M.P.E.P. § 603.01 for filing in the matter of the United States patent application as hereinabove identified. A duplicate copy of this sheet is enclosed.

Please address all future correspondence in connection with the above-identified patent application to the attention of the undersigned.

Commissioner of Patents
September 3, 2004
Page 2

Respectfully Submitted,
Brian C. Kunzler

A handwritten signature in black ink, appearing to read 'Brian C. Kunzler', written over a horizontal line.

Brian C. Kunzler
Reg. No. 38,527
Attorney for Applicant

Date: September 3, 2004

Brian C. Kunzler
8 East Broadway, Suite 600
Salt Lake City, Utah 84111
Telephone: 801/994-4646

CERTIFICATE OF DEPOSIT UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to:
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Respectfully submitted,

Transmitted: Transmittal of Payment of Issue Fee.

Please type a plus sign (+) inside this box →



PTO/SB/05 (12/97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL Note: Effective October 1, 2001, Patent fees are subject to annual revision. 		Complete If Known		
		Application Number	10/040,061	
		Filing Date	January 4, 2002	
		First Named Inventor	Tsann Lin	
		Group Art Unit	1773	
Examiner Name		Kevin M. Bernatz		
TOTAL AMOUNT OF PAYMENT		\$ 1633	Attorney Docket Number	SJO92000145US1

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: <u>09-0466</u> Deposit Account Name: <u>IBM CORPORATION</u> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee In 37 CFR at the Mailing of the Notice of Allowance		3. ADDITIONAL FEES			
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. FILING FEE					
Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					\$ 0
2. CLAIMS					
Total Claims <input type="text"/> -20 = <input type="text"/> x <input type="text"/> = <input type="text"/>					
Ind. Claims <input type="text"/> -3 = <input type="text"/> x <input type="text"/> = <input type="text"/>					
Multiple Dep. Claims <input type="text"/> x <input type="text"/> = <input type="text"/>					
Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim	
SUBTOTAL (2)					\$ 0
		3. ADDITIONAL FEES			
		Large Entity	Small Entity	Fee Description	Fee Paid
		Fee Code	Fee (\$)	Fee Code	Fee (\$)
		1051	130	2051	65
		1052	50	2052	25
		1053	130	1053	130
		1812	2520	1812	2520
		1804	920*	1804	920*
		1805	1840*	1805	1840*
		1251	110	2251	55
		1252	420	2252	210
		1253	950	2253	475
		1254	1480	2254	740
		1255	2010	2255	1005
		1401	330	2401	165
		1402	330	2402	165
		1403	290	2403	145
		1451	1510	1451	1510
		1452	110	2452	55
		1453	1330	2453	665
		1501	1330	2501	665
		1502	480	2502	240
		1503	640	2503	320
		1460	130	1460	130
		1807	50	1807	50
		1806	180	1806	180
		8021	40	8021	40
		1809	770	2809	385
		1810	770	2810	385
		Other fee (specify) ___ Fee Code: 8001 Fee: 3.00 each Printed Copy of Patent w/o color, regular service delivery by USPS, UPSTO Box, or electronic means.			3
		Other fee (specify) ___ Publication Fee ___			300
		SUBTOTAL (3)			\$1633

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name		Brian C. Kunzler		Reg. Number	38,527
Signature				Deposit Account User ID	
Date		Sep 3, 2004			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.